

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) American College of Radiology Association Political Action Committee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00343459 </div>	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>			
Full Name (Last, First, Middle Initial) of Payee Mammen Group Inc.		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2012</div>	
Mailing Address 1901 L Street, N.W. Suite 650		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">23859.75</div>	
City Washington	State DC	Zip Code 20036	Transaction ID : V83864EBD7AE6187BF00 Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Purpose of Expenditure Printed Advertising for Mailing		Category/ Type	Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Bruce L. Braley
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">23859.75</div>		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">23859.75</div>	
Full Name (Last, First, Middle Initial) of Payee		Date	
Mailing Address		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>	
City		State	Zip Code
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">23859.75</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
(c) TOTAL Independent Expenditures.....		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">23859.75</div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
DR. William Herrington _____ Signature		[Electronically Filed] Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2012</div>	